

## Electronic Patent Application Fee Transmittal

|   |   |                 |               |                             |
|---|---|-----------------|---------------|-----------------------------|
| <b>Application Number:</b>              | 09804309  |                 |               |                             |
| <b>Filing Date:</b>                     | 13-Mar-2001   |                 |               |                             |
| <b>Title of Invention:</b>              | TREE-STYLE HIERARCHICAL CONTROL WITH GRAPHICAL DEPICTION OF NON-HIERARCHICAL INTERRELATIONSHIPS |                 |               |                             |
| First Named Inventor/Applicant Name:    | James R. McClellan  |                 |               |                             |
| <b>Filer:</b>                           | Tracy M Calabresi/cheryl sloane   |                 |               |                             |
| <b>Attorney Docket Number:</b>          | 264796/ C00-029   |                 |               |                             |
| Filed as Large Entity                   |   |                 |               |                             |
| <b>Utility      Filing Fees</b>         |   |                 |               |                             |
| <b>Description</b>                      | <b>Fee Code</b>   | <b>Quantity</b> | <b>Amount</b> | <b>Sub-Total in USD(\$)</b> |
| <b>Basic Filing:</b>                    |   |                 |               |                             |
| <b>Pages:</b>                           |   |                 |               |                             |
| <b>Claims:</b>                          |   |                 |               |                             |
| <b>Miscellaneous-Filing:</b>            |   |                 |               |                             |
| <b>Petition:</b>                        |   |                 |               |                             |
| <b>Patent-Appeals-and-Interference:</b> |   |                 |               |                             |
| Post-Allowance-and-Post-Issuance:       |   |                 |               |                             |
| <b>Extension-of-Time:</b>               |   |                 |               |                             |

| Description                       | Fee Code | Quantity | Amount | Sub-Total in USD(\$) |
|-----------------------------------|----------|----------|--------|----------------------|
| Miscellaneous:                    |          |          |        |                      |
| Request for continued examination | 1801     | 1        | 790    | 790                  |
| Total in USD (\$)                 |          |          |        | 790                  |